



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 067800001

CITY OR TOWN MEDFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TOM MCGUE, INC.

DOING BUSINESS AS BASIL RESTAURANT

ADDRESS 43 FRAIRY ST.

CITY/TOWN: MEDFIELD

STATE: MA

ZIP CODE: 02052

MANAGER: MCGUE, THOMAS TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FLOORS AND BASEMENT, FIRST FLOOR, KITCHEN, TWO DINING ROOMS, LOUNGE, LADIES ROOM, MEN'S ROOM, SECOND FLOOR, ONE OFFICE, TWO UNUSED ROOMS, BASEMENT, STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 067800004

CITY OR TOWN MEDFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BECKWITH POST #110 INC. AM. LEGION

DOING BUSINESS A

ADDRESS PETER KRISTOF WAY

CITY/TOWN: MEDFIELD

STATE: MA

ZIP CODE: 02052

MANAGER: MANGANELLO, ALBERT JR. TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

METAL BLDG. 100 X 100 WITH 20 X 40 ADDITION ON SIDE. FIVE ROOMS INCLUDING MAIN FUNTION HALL WITH TWO SERVICE BARS, MEMBERS BAR, MEMBERS LOUNGE, ONE KITCHEN & GAME ROOM, MEN'S AND WOMEN'S TOILET FACILITY

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 067800006

CITY OR TOWN MEDFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VET PACKAGE STORE, INC.

DOING BUSINESS AS PALUMBO LIQUORS

ADDRESS 547 MAIN ST

CITY/TOWN: MEDFIELD

STATE: MA

ZIP CODE: 02052

MANAGER: PALUMBO,  
RICHARD

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY, 3 ROOMS, ONE MAIN STORE AREA, TWO STORAGE ROOMS, CELLAR USED FOR STORAGE AND HEATING.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 067800008

CITY OR TOWN MEDFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MEDFIELD PKG STORE INC

DOING BUSINESS AS

ADDRESS 20 NORTH ST

CITY/TOWN: MEDFIELD

STATE: MA

ZIP CODE: 02052

MANAGER: LARKIN, JOHN A TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FRONT ENTRANCES AND ONE REAR EXIT, ONE ROOM ON FIRST FLOOR, ONE BACK ROOM FOR STOCK, TWO ROOMS IN CELLAR FOR STOCK.

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 067800009

CITY OR TOWN MEDFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BULLARDS MARKET & PACKAGE STORE, INC.

DOING BUSINESS AS

ADDRESS 1 GREEN ST

CITY/TOWN: MEDFIELD

STATE: MA

ZIP CODE: 02052

MANAGER: GOLDBERG,  
ANDREW S.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY WOODEN BLDG., ONE ROOM AND OFFICE, BACK ROOM FOR SHIPPING AND RECEIVING, CELLAR FOR STORAGE AND HVAC EQUIPMENT.

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 067800012

CITY OR TOWN MEDFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TAKARA GROUP INC.

DOING BUSINESS AS TAKARA

ADDRESS 1 GREEN STREET

CITY/TOWN: MEDFIELD

STATE: MA

ZIP CODE: 02052

MANAGER: ZHENG, WEI

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2,606 SQ. FT. ON FIRST FLOOR, CONTAINING A KITCHEN, DINING AREA, THREE OUTSIDE DOORS.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 067800013

CITY OR TOWN MEDFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: M. CARROLL, INC.

DOING BUSINESS AS MEDFIELD WINE SHOPPE

ADDRESS 258 MAIN ST. UNIT E

CITY/TOWN: MEDFIELD

STATE: MA

ZIP CODE: 02052

MANAGER: CARROLL,  
MATTHEW

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 1668 SQ. FEET OF RETAIL SPACE WITH FRONT AND BACK EXITS, STORAGE ROOM AND LAVATORY ..TO INCREASE THE SQ. FOOTAGE OF THE PREMISES...

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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LOCAL LICENSING AUTHORITY

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 067800014

CITY OR TOWN MEDFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GRAND MANDARIN, INC

DOING BUSINESS AS JING'S GARDEN II

ADDRESS 16 NORTH MEADOWS RD

CITY/TOWN: MEDFIELD

STATE: MA

ZIP CODE: 02052

MANAGER: WU, JING

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

KITCHEN, LAVATORIES, BAR ON FIRST FLOOR. ONE FRONT ENTRANCE AND EXIT, TWO REAR EXITS AND ENTRANCES

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 067800016

CITY OR TOWN MEDFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NOON HILL PARTNERS LLC

DOING BUSINESS AS NOON HILL GRILL

ADDRESS 530 MAIN ST

CITY/TOWN: MEDFIELD

STATE: MA

ZIP CODE: 02052

MANAGER: SLESAR,  
JENNIFER

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3 DINING AREAS, 1 KITCHEN, 3 LAVATORIES, WAITING AREA ALL ON FIRST FLOOR WITH ONE ENTRANCE, ONE SERVICE ENTRANCE AND 5 EMERGENCY EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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LOCAL LICENSING AUTHORITY

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 067800017

CITY OR TOWN MEDFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ZEBRA'S RESTAURANT GROUP LIMITED

DOING BUSINESS AS ZEBRA'S BISTRO/PERFECT PEAR CATERING

ADDRESS 21 NORTH ST

CITY/TOWN: MEDFIELD

STATE: MA

ZIP CODE: 02052

MANAGER: NEUBECKER,  
CRAIG R.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ADDING OUTDOOR SEATING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 067800020

CITY OR TOWN MEDFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KINGSBURY CLUB MEDFIELD INC.

DOING BUSINESS A KINGSBURY CLUB MEDFIELD

ADDRESS 2 ICE HOUSE ROAD

CITY/TOWN: MEDFIELD

STATE: MA

ZIP CODE: 02052

MANAGER: JANJIGIAN,  
ROBERT

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FACILITY IS A FULL SERVICE HEALTH AND TENNIS CLUB WITH A  
RESTAURANT...OCCUPANCY OF RESTAURANT IS 120 OCCUPANTS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

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DATE:



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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 067800022

CITY OR TOWN MEDFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GULF RESOURCES INC.

DOING BUSINESS A MEDFIELD COMMONS

ADDRESS 270 MAIN STREET

CITY/TOWN: MEDFIELD

STATE: MA

ZIP CODE: 02052

MANAGER: CARRIGG, JOHN

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SELF SERVE REFUELING STATION, WITH CAR WASH, AUTO REPAIR FACILITY, DUNKIN  
DONUTS AND CONVENIENCE STORE...APPROX. 2100 SQ FT IN SUBJECT AREA WITH  
FRONT AND SIDE DOORS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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